Kentucky Department for Medicaid Services

Pharmacy and Therapeutics Advisory Committee Recommendations

September 15, 2005 Meeting

This chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics Advisory Committee at the September 15, 2005, meeting. Review of the recommendations by the Secretary of the Cabinet for Health and Family Services and final decisions are pending.

	Description of Recommendation	P & T Vote
#1	**Bisphosphonate Class Re-review** 1. All agents in the bisphosphonate class are considered clinically equivalent in efficacy and safety. 2. Continue quantity limits on bisphosphonate agents. 3. Place quantity limit on Boniva. 4. DMS to select agent(s) as preferred based on economic evaluation. 5. Agents not selected as preferred based on economic evaluation will require PA. 6. For any new chemical entity in the bisphosphonate class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.	Passed 7 - For 0 - Against
#2	**Sedative Hypnotic Class Re-review** 1. All agents in the Sedative Hypnotic class are considered clinically equivalent in efficacy and safety. 2. Continue quantity limits (14 tablets for 14 days) on all sedative hypnotic agents. 3. Quantities of 30 tablets will require a pharmacy point of sale ICD-9 code for chronic insomnia or PA. 4. Step therapy- generic benzodiazepine claim within the past 12 months prior to initiation of Ambien, Lunesta, or Sonata with the exception of pregnant women and patients > than 65 years old. 5. Place quantity limits of 14 tablets for 14 days on Lunesta. 6. DMS to select agent(s) based on economic evaluation. 7. Agents not selected as preferred based on economic evaluation will require PA. 8. Patients will be allowed a 3 month transition period when effected by PDL changes. 9. For any new chemical entity in the sedative hypnotic class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.	Passed 7- For 0 - Against
#3	**ACEI Class Re-review** 1. All ACE Inhibitors were considered clinically equivalent in efficacy and safety. 2. DMS to select agent(s) based on economic evaluation. 3. Agents not selected as preferred based on economic evaluation will require PA 4. Patients will be allowed a 3 month transition period for PDL changes. 5. For any new chemical entity in the ACEI class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.	Passed 7- For 0- Against
#4	**ARBs Class Re-review** 1. All ARBs were considered clinically equivalent in efficacy and safety. 2. DMS to select agent(s) based on economic evaluation. 3. Step therapy-Require an ACE claim within the past 12 months prior to initiation of an ARB therapy. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. PATIENTS WILL BE ALLOWED A 3 MONTH TRANSITION PERIOD WHEN EFFECTED BY PDL CHANGES. 6. For any new chemical entity in the ARBs class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.	Passed 7 - For 0 - Against

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	Description of Recommendation	P & T Vote
#5	**Serotonin Receptor Agonist Class Re-review** 1. All agents are considered clinically equivalent in efficacy and safety. 2. Continue quantity limits on the Serotonin Receptor Agonist agents. 3. DMS to select agent(s) based on economic evaluation. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. PATIENTS WILL BE ALLOWED A 3 MONTH TRANSITION PERIOD WHEN EFFECTED BY PDL CHANGES 6. For any new chemical entity in the Serotonin Receptor Agonist class, require a PA and quantity limit until reviewed by the P&T Advisory Committee	Passed 7 - For 0 - Against
#6	**Thiazolidinediones Oral Antidiabetic Class Re-review** 1. All agents were considered clinically equivalent in efficacy and safety. 2. Continue quantity limits placed on agents in class. 3. DMS to select agent(s) based on economic evaluation. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. PATIENTS WILL BE ALLOWED A 3 MONTH TRANSITION PERIOD WHEN EFFECTED BY PDL CHANGES. 6. For any new chemical entity in the Thiazolidineone class, require a PA and quantity limit until reviewed by the P&T Advisory Committee	Passed 7 - For 0 - Against
#7	**HMG Co-A Reductase Inhibitors (Statins) Class Re-review** 1. All agents are considered clinically equivalent in efficacy and safety within respective potency categories. 2. Continue quantity limits placed on agents in class. 3. DMS to select agent(s) based on economic evaluation. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. If Vytorin is selected as preferred, at least one additional high potency statin should be selected as preferred. 6. Patients will be allowed a 3 month transition period when effected by PDL changes. 7. For any new chemical entity in the Statin class, require a PA and quantity limit until reviewed by the P&T Advisory Committee	Passed 7 - For 0 - Against

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#8	**COPD Therapeutic Class Review** 1. All agents are considered clinically equivalent in efficacy and safety. 2. Place quantity limits on agents in class. 3. DMS to select agent(s) based on economic evaluation. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. STEP THERAPY- Require a 1 month trial, without a clinical response, of a preferred COPD agent prior to initiation of a non-preferred COPD agent. 6. Patients will be allowed a 3 month transition period when effected by PDL changes. 7. FOR ANY NEW CHEMICAL ENTITY IN THE COPD CLASS, REQUIRE A PA AND QUANTITY LIMIT UNTIL REVIEWED BY THE P&T ADVISORY COMMITTEE	Passed 7 - For 0 - Against
#9	**Immunomodulators- Rheumatoid Arthritis Therapeutic Class Review** 1. All agents are considered clinically equivalent in efficacy and safety. 2. Prior authorization on all agents based on FDA indications. 3. All agents shall be considered 3rd line treatment and require PA based on RA treatment algorithm. 4. DMS to select agent(s) based on economic evaluation. 5. Agents not selected as preferred based on economic evaluation will require PA. 6. Patients will be allowed a 3 month transition period when effected by PDL changes 7. For any new chemical entity in the Immunomodulator RA class, require a PA and quantity limit until reviewed by the P&T Advisory Committee	Passed 7 - For 0 - Against
#10	**Urinary Tract Antispasmodics Therapeutic Class Review** 1. All urinary tract antispasmodics and all dosage forms are clinically equivalent in efficacy and safety. 2. Place quantity limits on the overactive bladder agents 3. DMS to select agent(s) based on economic evaluation. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. Patients will be allowed a 3 month transition period when effected by PDL changes 6. For any new chemical entity in the urinary tract antispasmodic class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.	Passed 7 - For 0 - Against